

Gerard F. Cody, R.E.H.S./R.S.  
*Public Health Director*

Ann Martin, R.N./M.S.N.  
*Public Health Nurse*

Carol Cronin  
*Principal Clerk*

Peggy Montlouis, MBA  
*Community Health Educator*



## ***Town of Randolph***

### **Public Health Department**

41 South Main Street • Randolph, MA 02368

Main Telephone: 781-961-0924

[www.townofrandolph.com](http://www.townofrandolph.com)

### **Board of Health**

Dr. David Kaplan, M.PH/Ph.D./C.H.O./R.S. *Chair*

Barbara Mahoney, R.N./M.H.A

Dov Yoffe, R.N./A.S.D

Patricia M. Cedeño-Zamor, Ph.D/M.S.W/M.H.A

# **Application for Permit to offer Tanning Services**

<b>Date:</b>	<b>Permit Fee: \$200</b>
<b>Business Name:</b>	
<b>Mailing Address:</b>	
<b>Name and Title of Applicant:</b>	
<b>Emergency Telephone # (Cell/24 Hour):</b>	
<b>E-mail Address:</b>	

### **Answer the following questions**

### **Answer**

Do you provide each customer with a written statement of warnings about the use of tanning facilities?	
Do you have a knowledgeable Person In Charge?	
Do you provide sanitized protective eyewear?	
Do you provide clean and sanitary towels?	
Does each tanning device have a timer?	
What is the maximum temperature that can be reached inside the tanning device?	
Do you have an age restriction policy on the use of the tanning equipment?	
Do you have warning signs posted with white lettering and red background with information from M.G. L. C.111, Sec. 207-214 and specifically section 209?	

**Note:** By obtaining this permit, I plan to follow all the requirement of M.G. L. C.111, Sec. 207-214 and specifically section 209 and the Randolph Public Health Department.

I, \_\_\_\_\_ the undersigned, attest to the accuracy of the information provided in this application.

**Signature of Individual or Corporate Name:**\_\_\_\_\_